

STANDARD CERTIFICATE OF DEATH

State File No. **43746**

FILED DEC 21 1953

BIRTH NO.		REG. DIST. NO. 251	PRIMARY REG. DIST. NO. 3048	Registrar's No. 19
1. PLACE OF DEATH a. COUNTY Nodaway		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Nodaway		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Maryville		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Maryville		
c. LENGTH OF STAY (in this place) 2 days		d. STREET ADDRESS (If rural, give location) 701 East Second		
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Francis Hospital				
3. NAME OF DECEASED (Type or Print) a. (First) LAURA		b. (Middle) MAY		c. (Last) NORMAN
4. DATE OF DEATH (Month) 12 (Day) 11 (Year) 53				
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH 12/15/75	9. AGE (In years last birthday) 77 IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY Own home		11. BIRTHPLACE (State or foreign country) Pennsylvania
12. CITIZEN OF WHAT COUNTRY? USA				
13a. FATHER'S NAME Amos Bennett		13b. MOTHER'S MAIDEN NAME Martha Bird		14. NAME OF HUSBAND OR WIFE Joe Norman
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no		16. SOCIAL SECURITY NO. none		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Boyd Tudder, Maryville, Mo.
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Occlusion ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) Myocardial Insufficiency		INTERVAL BETWEEN ONSET AND DEATH 3 days 4 yrs
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION no operations		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) 4201
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?
22. I hereby certify that I attended the deceased from 4-26-1952 to Dec. 11, 1953 , that I last saw the deceased alive on 12-10-1953 , and that death occurred at 3:15 A.M. , from the causes and on the date stated above.				
23a. SIGNATURE L. Deane		(Degree or title) M. D.		23b. ADDRESS Maryville, Missouri
23c. DATE SIGNED 12-12-53				
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 12/13/53		24c. NAME OF CEMETERY OR CREMATORY Burch
24d. LOCATION (City, town, or county) (State) Braddyville, Iowa				
DATE REC'D BY LOCAL REG. 12-19-53		REGISTRAR'S SIGNATURE Gess Holt		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Price Funeral Home, Maryville, Mo.

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFAADING BLACK INK—MAKE A PERMANENT RECORD

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

..... Student Embalmer No.

working under my personal supervision.

Student
Student Embalmer

Signed *Curtis E. Kinsley*

Licensed Embalmer No. *4936*

P. O. Address *Maryville*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.